

STANDARD CERTIFICATE OF DEATH

15492

State File No.

FILED APR 20 1953

BIRTH NO. 124 REG. DIST. NO. 386 PRIMARY REG. DIST. NO. 6075 Registrar's No. 137

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u> b. CITY <u>OR Farmington</u> TOWN <u>St. Francois</u> c. LENGTH OF STAY (in this place) <u>5Y; 5M; 20das</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. # 4</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Elvins,</u> d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emmett</u> b. (Middle) <u>Moyer</u> c. (Last) <u>Moyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 31, 1953</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 26, 1879</u>	9. AGE (In years last birthday) <u>73</u>	10. UNDER 1 YEAR (Months) <u>11</u> Days <u>5</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Businessman</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Lead mining, DUSTRY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Iron County, Mo</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>J. L. Moyer</u>				
13b. MOTHER'S MAIDEN NAME <u>Nancie Decker</u>			14. NAME OF HUSBAND OR WIFE <u>Nellie Dace Moyer</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>				
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cave Barrow</u>			18. ADDRESS <u>St. Louis, Mo</u>				
19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia, terminal</u> ANTECEDENT CAUSES <u>Senility.</u> DUE TO (b) <u>Senility.</u> DUE TO (c) <u>Psychosis with cerebral arteriosclerosis.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. INTERVAL BETWEEN ONSET AND DEATH <u>Abt. 5 das.</u>			21. MEDICAL CERTIFICATION & Hospt. No. <u>4</u> Records <u>491X</u>				
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION				
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			21d. TIME OF INJURY (Month) (Day) (Year) (Hour)				
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Feb. 27,</u> 19 <u>53</u> , to <u>March 31,</u> 19 <u>53</u> , that I last saw the deceased alive on <u>March 31,</u> 19 <u>53</u> , and that death occurred at <u>10:05A.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. A. Brennan</u> (Degree or title)			23b. ADDRESS <u>Farmington, Mo</u>				
23c. DATE SIGNED <u>4-2-53</u>			24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				
24b. DATE <u>April-2-1953</u>			24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cemetery</u>				
24d. LOCATION (City, town, or county) (State) <u>Bismarck, Mo</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Sparks F. Home</u>				
25. ADDRESS <u>Flat River, Mo</u>			DATE REC'D BY LOCAL REG. <u>Apr. 2, 1953</u>				
REGISTRAR'S SIGNATURE <u>Ether Andloff</u>			25. ADDRESS <u>Flat River, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

VS
JUN 20 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Murphy Sparks

Licensed Embalmer No. *4236*

P. O. Address *Flat B, 7th St*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.